

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3	2			1			
4	1			1			
5	1		1				
6	1		1				
7	2			1			
8	1		1				
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TOTAL IND.	2		2				
TOTAL DEP.	8	↔	9	↔			↔
TOTAL CLAIMS	10	██████████	8	██████████	██████████		██████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔			↔	
TOTAL CLAIMS		██████████		██████████	██████████	██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS